10911 NORTH PORT WASHINGTON ROAD
 MEQUON
 53092 Phone: (262) 241-2080
 Ow

 0perated from 1/1 To 12/31 Days of Operation: 366
 His

 0perate in Conjunction with Hospital?
 Yes
 Op

 Number of Beds Set Up and Staffed (12/31/00):
 156
 Ti

 Total Licensed Bed Capacity (12/31/00):
 211
 Av

 Number of Residents on 12/31/00:
 148

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled
No
Yes
157

**************************************	****	140 ************	*****	k************	******	********	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	% 0. 0 30. 4 0. 0 0. 0 0. 7 4. 1 18. 2 18. 2	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	9. 5 10. 8 33. 1 40. 5 6. 1	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	12. 3
Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	Yes No No	Other Medical Conditions	8. 1 10. 8 100. 0	Male Female	24. 3 75. 7 100. 0	Nursing Assistants Aides & Orderlies	44. 4
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No No No No No No No Yes	Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory	0. 0 30. 4 0. 0 0. 0 0. 7 4. 1 18. 2 18. 2 7. 4 2. 0 8. 1 10. 8	Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex	10. 8 33. 1 40. 5 6. 1 100. 0 90. 5 	1 - 4 Years More Than 4 Years ******************* Full-Time Equivale Nursing Staff per 100 R (12/31/00) RNs LPNs Nursing Assistants	45 23 100 ***** nt esi de

Method of Reimbursement

		Medi (Titl	e 18)		Medic (Title	19)		0th			ri vate				d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	16	100.0	\$148.00	75	77.3	\$106. 26	0	0.0	\$0.00	34	97. 1	\$148.00	0	0.0	\$0.00	125	84. 5%
Intermedi ate				22	22.7	\$86. 72	0	0.0	\$0.00	1	2. 9	\$145.00	0	0.0	\$0.00	23	15. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		97	100. 0		0	0.0		35	100.0		0	0.0		148	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	12/31/00
beachs builing kepoleting lellou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	4. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 3	Bathi ng	2.0		57. 4	40. 5	148
Other Nursing Homes	1. 5	Dressi ng	14. 2		56. 8	29. 1	148
Acute Care Hospitals	93. 2	Transferring	35. 1		35. 8	29. 1	148
Psych. HospMR/DD Facilities	0.0	Toilet Use	19. 6		41. 2	39. 2	148
Reĥabilitation Hospitals	0. 0	Eati ng	67 . 6		18. 9	13. 5	148
Other Locations	0.6	********************	******	******	******	********	******
Total Number of Admissions	324	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		3. 4		Respiratory Care	0. 0
Private Home/No Home Health	5. 3	Occ/Freq. Incontinent		58 . 1		Tracheostomy Care	0. 0
Private Home/With Home Health	8. 4	Occ/Freq. Incontinent	t of Bowel	53. 4		Sucti oni ng	1. 4
Other Nursing Homes	3. 6	_				Ostomy Care	2. 7
Acute Care Hospitals	54 . 7	Mobility				Tube Feeding	2. 7
Psych. HospMR/DD Facilities	22. 1	Physically Restrained	d	0. 0	Recei vi ng	Mechanically Altered Die	ets 20.9
Reĥabilitation Hospitals	0.0						
Other Locations	5. 9	Skin Care				nt Characteristics	
Deaths	0.0	With Pressure Sores		7. 4		ce Directives	84. 5
Total Number of Discharges		With Rashes		10. 8	Medi cati ons		
(Including Deaths)	358			***	Receiving	Psychoactive Drugs	64. 2

	Thi s	Other Hospital-	Α	11
	Facility	Based Facilities	Faci	lties
	%	% Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74. 4	87. 5 0. 85	84. 5	0. 88
Current Residents from In-County	39. 2	83. 6 0. 47	77. 5	0. 51
Admissions from In-County, Still Residing	5. 2	14. 5 0. 36	21. 5	0. 24
Admi ssi ons/Average Daily Census	206. 4	194. 5 1. 06	124. 3	1.66
Discharges/Average Daily Census	228. 0	199. 6 1. 14	126. 1	1. 81
Discharges To Private Residence/Average Daily Census	31. 2	102. 6 0. 30	49. 9	0.63
Residents Receiving Skilled Care	84. 5	91. 2 0. 93	83. 3	1.01
Residents Aged 65 and Older	90. 5	91. 8 0. 99	87. 7	1.03
Title 19 (Medicaid) Funded Residents	65. 5	66. 7 0. 98	69. 0	0. 95
Private Pay Funded Residents	23. 6	23. 3 1. 01	22. 6	1.05
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00
Mentally Ill Residents	30. 4	30. 6 0. 99	33. 3	0. 91
General Medical Service Residents	10. 8	19. 2 0. 56	18. 4	0. 59
Impaired ADL (Mean)*	51. 5	51. 6 1. 00	49. 4	1.04
Psychological Problems	64. 2	52. 8 1. 22	50. 1	1. 28
Nursing Care Required (Mean)*	5. 7	7.8 0.74	7. 2	0.80